

CONTRACT #9
RFS # 318.66-017

**Department of Finance &
Administration/Bureau
of TennCare**

VENDOR:
Better Health Plans, Inc.

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #

318.66-017

STATE AGENCY NAME :

Department of Finance and Administration, Bureau of TennCare

SERVICE CAPTION :

Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population

CONTRACT #

FA-02-14858-00

PROPOSED AMENDMENT #

8

CONTRACTOR :

Better Health Plans, Inc.

CONTRACT START DATE :

July 1, 2001

CURRENT, LATEST POSSIBLE END DATE :
(including ALL options to extend)

12/31/2006

CURRENT MAXIMUM LIABILITY :

\$462,601,359.65

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT :
(including ALL options to extend)

12/31/2006

TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT :
(including ALL options to extend)

\$462,601,359.65

APPROVAL CRITERIA :
(select one)



use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accreditation; strengthens conflict of interest disclosure requirements; strengthens MCO financial requirements; lowers the administrative fee to mirror TennCare Select; as well as various other housekeeping issues involving language clarifications.

(2) explanation of need for the proposed amendment :

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

890 Willow Tree Circle, Cordova, TN 38018

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

McSperry

6-15-05

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-08
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
BETTER HEALTH PLANS, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allocation Code	Contract Code	State Code	Fund	Start	Stop Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Guaranteed Annual Fund	State Funding	Legislative Budget Agency (not using ALL)	Funding
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2005	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00
2006	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00
2007	\$ 16,928,350.00	\$ 31,037,500.00			\$	47,965,850.00
Total	\$168,569,358.56	\$ 294,032,001.09			\$	462,601,359.65

ICF/DA	93.778 Title XIX Dept. of Health and Human Services	Check box no ONLY if true answer YES
State Fiscal Contact		Is the Contractor a SUBRECIPIENT (per OMB A-133)?
Name	Scott Pierce	Is the Contractor a Vendor? (per OMB A-133)
Address	729 Church Street	Is the Contractor Funding STRICTLY LIMITED?
Phone	Nashville, TN (615)532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's PERMITS EXPIRED?
Scott Pierce		Is the Contractor's Form 9-Eligible for Comp?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE	Base Contract Price Amendment	FY Amendment	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02	\$71,924,335.00		
FY: 03	\$72,294,600.00		
FY: 04	\$78,553,174.65		
FY: 05	\$95,931,700.00		
FY: 06	\$95,931,700.00		
FY: 07	\$47,965,850.00		
TOTAL	\$462,601,359.65		

318.66-017

Department of Finance and Administration

FA-02-14858-07

Bureau of TennCare

BETTER HEALTH PLANS, INC

☐ V-
☐ C-

25-1825549

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.66

413

134

11

☐ STARS

2002	\$ 26,124,717.00	\$ 45,799,618.00		\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00		\$	72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09		\$	78,553,174.65
2005	\$ 35,530,800.00	\$ 60,400,900.00		\$	95,931,700.00
2006	\$ 35,530,800.00	\$ 60,400,900.00		\$	95,931,700.00
2007	\$ 16,928,350.00	\$ 31,037,500.00		\$	47,965,850.00
	\$168,569,358.56	\$ 294,032,001.09		\$	462,601,359.65

83,778

Scott Pierce
 729 Church Street
 Nashville, TN
 (615) 532-1362

Scott Pierce



	12/31/2005	12/31/2006
FY: 02	\$71,924,335.00	
FY: 03	\$72,294,600.00	
FY: 04	\$78,553,174.65	
FY: 05	\$78,553,174.65	\$17,378,525.35
FY: 06	\$39,276,587.33	\$58,655,112.67
FY: 07		\$47,965,850.00
	\$340,601,871.63	\$121,999,488.02

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RPS Number: 318.66-017		Contract Number: FA-02-14858-06	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor: BETTER HEALTH PLANS, INC		Contract Identification Number: 25-1825549	
Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
Contract Begin Date: 7/1/2001		Contract End Date: 12/31/2005	
Alignment Code: 318.66	OSHC Code: 413	Object Code: 134	Fund: 11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 26,124,717.00	\$ 45,799,618.00	
2003	\$ 26,541,000.00	\$ 45,753,600.00	
2004	\$ 27,913,691.56	\$ 50,639,483.09	
2005	\$ 27,913,691.56	\$ 50,639,483.09	
2006	\$ 13,956,845.78	\$ 25,319,741.55	
Total	\$122,449,945.90	\$ 218,151,925.73	
GDA: 93.778		Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Name: Dean Daniel		Is the Contractor a Vendor (per OMB A-133)?	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN		Is the Contractor on STARS?	
(615)532-1362		Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature: Dean Daniel		Is the Contractor's Form W-9 filled with Accounts?	
6/22/04			
COMPLETE FOR ALL AMENDMENTS (only)			
Base Contract	Amendments	This Amendment ONLY	
END DATE: 12/31/2005			
FY: 02			
FY: 03			
FY: 04			
FY: 05			
FY: 06			
Total	\$0.00	\$0.00	
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			

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 COM. FIN. & ADMIN. OFFICE
 STATE OF TENN.
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
BETTER HEALTH PLANS, INC		<input type="checkbox"/> V- <input type="checkbox"/> C- 25-1825549	

Service Description
 Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Alignment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2005	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2006	\$ 13,956,845.78	\$ 25,319,741.55			\$	39,276,587.33
Total	\$122,449,945.90	\$ 218,151,925.73			\$	340,601,871.64

CFDA#	93.778	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT per OMB A-138?
Name: Dean Daniel		Is the Contractor a vendor? (per OMB A-138)?
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN		Is the Contractor on STARS?
Fax: (615)532-1362		Is the Contractor's FORM W-9 on file with CHED?
Planning Agency Budget Officer Approval Signature		Is the Contractor's Form 990 filed with ACR?
Dean Daniel <i>Dean Daniel 12/23/03</i>		

COMPLETE FOR ALL AMENDMENTS (ONLY)		
END DATE	Base Contract Amount	This Amendment ONLY
	12/31/2005	
FY: 02	\$71,924,335.00	
FY: 03	\$72,294,600.00	
FY: 04	\$78,553,174.65	
FY: 05	\$78,553,174.65	
FY: 06	\$39,276,587.33	
Total	\$340,601,871.64	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT REVIEW
 12/23/03
 12/23/03

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 DEC 30 2003
 CONTRACTS REVIEW

CONTRACT SUMMARY SHEET

Contract Number	318.66-017	Contract Number	FA-02-14858-04
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	BETTER HEALTH PLANS, INC	Contract Identification Number	25-1825549
		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Alt Order Code	Contract	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
	State Funds	Federal Funds	Interdepartmental Funds	GRANT FUNDING	Total Contract Amount (including All Amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2005	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2006	\$ 13,956,845.78	\$ 25,319,741.55			\$	39,276,587.33
	\$122,449,945.90	\$ 218,151,925.73			\$	340,601,871.64

Contract ID	93.778	State Fiscal Contract	
Vendor	Dean Daniel	Address	729 Church Street Nashville, TN (615)532-1362
Responsible Agency Budget Officer Approval Signature			

Dean Daniel *Dean Daniel* 6/30/03

COMPLETION FOR ALL AMENDMENTS ONLY		
END DATE	Base Contract & Prior Amendments	This Amendment ONLY
	12/31/2005	
FY: 02	\$71,924,335.00	\$0.00
FY: 03	\$72,294,600.00	\$0.00
FY: 04	\$72,294,600.00	\$6,258,574.65
FY: 05	\$72,294,600.00	\$6,258,574.65
FY: 06	\$36,147,300.00	\$3,129,287.33
Total	\$324,955,435.00	\$15,646,436.64

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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JUL 2 2003

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Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number		Contract Number	FA-02-14858-03
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
BETTER HEALTH PLANS, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/01	12/31/05

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$ 71,924,335.00	
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2004	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2005	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2006	\$ 13,270,500.00	\$ 22,876,800.00			\$ 36,147,300.00	
Total	\$ 119,018,217.00	\$ 205,937,218.00			\$ 324,955,435.00	

PER DAY	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Contract Address: Dean Daniel 729 Church Street Nashville, TN (615)532-1362		Is the Contractor a Vendor? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature		Is the Fiscal Year Funding STRICTLY LIMITED?	
Dean Daniel		Is the Contractor on STARS?	
Dean Daniel 7/1/02		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filled with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE	12/31/05			
Y: 02				
Y: 03				
Y: 04				
Y: 05				
Y: 06				
Total	\$0.00	\$0.00		

CONTRACT SUMMARY SHEET

Contract Number	FA-02-14858-02
State Agency	Department of Finance and Administration
Division	Bureau of TennCare
Contractor	BETTER HEALTH PLANS, INC
Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C- 25-1825549

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Allocation Code	Post Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$ 71,924,335.00	
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2004	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2005	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2006	\$ 13,270,500.00	\$ 22,876,800.00			\$ 36,147,300.00	
Total	\$ 119,018,217.00	\$ 205,937,218.00			\$ 324,955,435.00	

CFDA#	93.778	Check the Box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBGRANTEE (per OMB A-133)?
Name: Dean Daniel		Is the Contractor a Vendor (per OMB A-133)?
Address: 729 Church Street		Is the Fiscal Year Funding SUBJECT TO LIMITS?
Phone: Nashville, TN (615)532-1362		Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?
Dean Daniel	<i>Dean Daniel 7/1/02</i>	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Y: 02	\$71,924,335.00	\$0.00	
Y: 03	\$71,924,335.00	\$370,265.00	
Y: 04	\$71,924,335.00	\$370,265.00	
Y: 05	\$71,924,335.00	\$370,265.00	
Y: 06	\$35,962,168.00	\$185,132.00	
Total	\$323,659,508.00	\$1,295,927.00	

FA-01-14234-01

RFS # 318.66-017

Tennessee Department of Finance and Administration

Bureau of TennCare

Better Health Plans, Inc.

☒ V
☐ C

25-1825549

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

April 1, 2001

December 31, 2005

318.66

109

134

11

☐ on STARS

Eligible Code

FY 01	\$20,746,810	\$35,473,799			
FY 02	\$28,124,717	\$45,799,818			\$56,220,009
FY 03	\$28,124,717	\$45,799,818			\$71,924,335
FY 04	\$28,124,717	\$45,799,818			\$71,924,335
FY 05	\$28,124,717	\$45,799,818			\$71,924,335
FY 06	\$13,062,359	\$22,609,809			\$71,924,335
	\$138,308,037	\$241,572,080			\$35,962,168
					\$379,880,117

93,778

Keith Galther

729 Church Street, Nashville TN 37247-8501

(615) 532-3011

Keith Galther / RFD 6/29/01
Keith Galther

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

12/31/03

FY 01	\$56,220,009	
FY 02	\$224,882,436	\$(152,958,101)
FY 03	\$224,882,436	\$(152,958,101)
FY 04	\$112,441,218	\$(40,518,882)
FY 05		\$71,924,335
FY 06		\$35,962,168
	\$618,426,698	\$(238,546,582)

RFD & Mary Ann
Agree w/ Computations
on Summary
7/17/01

CONTRACT SUMMARY SHEET

Contract Number	FA-01-14234-02 <i>2001</i>	State Agency	Tennessee Department of Finance and Administration
	RFS # 318.66-017	Division	Bureau of TennCare

Contractor Better Health Plans, Inc.	Vendor ID Number 25-1825549
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Service Description Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population	
Contract Begin Date April 1, 2001	Contract End Date December 31, 2005

Allotment Code 318.66	Cost Center 109	Object Code 134	Fund 11	Grant <input type="checkbox"/> on STARS	Grant Code	Subgrant Code
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
FY 01	\$20,746,810	\$35,473,799			\$56,220,609
FY 02	\$26,124,717	\$45,799,618			\$71,924,335
FY 03	\$26,124,717	\$45,799,618			\$71,924,335
FY 04	\$26,124,717	\$45,799,618			\$71,924,335
FY 05	\$26,124,717	\$45,799,618			\$71,924,335
FY 06	\$13,062,359	\$22,899,809			\$35,962,168
Total	\$138,308,037	\$241,572,080			\$379,880,117

<input type="checkbox"/> Fiscal Year Funding is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input checked="" type="checkbox"/> Form W-9 Attached	Name Address Phone Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-3911
<input checked="" type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	<i>Keith Gaither / RWD 10/16/01</i> Keith Gaither

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date			
			OCR Use Only
Total			

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 OCT 30 2001
 DEPT. OF ACCOUNTS

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 2001 OCT 25 PM 12:
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICE